

This means, in fact, that drugless practitioners will not be compelled to comply with any requirements relative to preliminary education. All the requirement that is left is to pass the examination that is required by the Department of Registration and Education.

A NEW EXAMINING AND TREATMENT TABLE

Recently a very interesting article by Emily Dunning Barringer, M. D., F. A. C. S., of New York City, on "Ward Treatment of Gonorrhoea in the Female," was printed in the New York State Journal of Medicine. The special treatment table referred to was designed by Dr. E. E. Cable, of Portland, Oregon, and is described by Dr. Barringer:

The outstanding feature of the table is a small square drainage box in the lower portion of the table, this drainage box connecting with the waste pipe. Above the table, with hot and cold water connections, is a twenty-gallon tank, with an outlet tube running down to the upper edge of the drainage box. The tank is fitted up with a thermometer and gauge, so that the amount and temperature of the water can easily be read. The patient lies on the table in the lithotomy position with her buttocks protruding over the drainage box. A sterile glass douche tip is attached to the tube at the edge of the drainage box, and the patient inserts the douche tip herself, and holds it in place for about three minutes, during which time she gets about one gallon of irrigation. After this irrigation the speculum is introduced by the physician, and the cervix and vault of the vagina swabbed out with 25 per cent argyrol, and any other special treatment given.

"We have in use three such tables and two supply tanks, each table being connected with both tanks. These three tables can be using one tank at a time, while the other tank is being filled. The practical advantages are cleanliness, control of temperature and pressure, and an enormous saving of time for doctors and nurses. In two hours' time fifty to sixty such douches and treatments can be given. Wherever pus has been found in the urethra or Skene's glands, instillation of argyrol is made into the urethra."

GENERAL HOSPITALS AND TUBERCULOSIS PATIENTS

The opening of wards in general hospitals for tuberculous patients, as recommended by the American Medical Association at its recent annual meeting in Boston, will, it is believed by the United States Public Health Service, be of enormous benefit not only to most of the two million known victims of the disease in the United States, but also to thousands of others in whom the disease is incipient and easily suppressible, if promptly treated. Tuberculosis in this stage is difficult and often impossible of positive diagnosis, even by an expert; and many persons, even when told by their family doctor that their case is "suspicious" and that they should take precautionary treatment, fear the stigma of an avowed tuberculosis hospital and put off action until recovery has become long and difficult. In a general hospital the diagnosis will not be made public and the family will not be embarrassed, but at the same time all necessary precautions can be taken to avoid danger of infection to others.

In support of the new policy it is argued that in many small cities two hospitals, one general and one tuberculous, can be run only at a loss, but if combined would pay operating expenses, especially as the combined hospital would draw many secret tuberculous cases. Many general hospitals could easily enlarge their facilities by fitting upwards, roofs, porches, and unused open-air spaces and

thus provide greatly needed space for tuberculous patients, both former army men and civilians.

The routine treatment of tuberculous patients in all general hospitals, instead of as at present in only about one-eighth of those in the country, should enable people in moderate circumstances to obtain preliminary treatment in their home towns instead of being forced to go without or to go to resorts. Such preliminary treatment would habituate the patient to the regimen essential to his cure and to the protection of others, and would enable him to go back to his home and get well under home treatment, as he probably would not have done without such training.

New Members

Lovas, A., Hanford; Goodrich, W. W., San Joaquin; Robinson, Joseph, Anaheim; Blackmun, Ernest L., Stockton; George, W. S., Antioch; von Werthern, H. L., San Francisco; Southard, C. O., San Francisco; Craig, S. A., Ontario; Shaw, H. N., Los Angeles; Hancock, J. M., Los Angeles; Adams, Charles B., Los Angeles; Steen, C. E., Gardena; Ruediger, Gustav, Los Angeles; Fisher, Carl, Los Angeles; Chaffee, Burns, Long Beach; Shirey, Chas. W., Lankershim; Burke, C. A., Los Angeles; Walters, William A., Los Angeles; Trainor, M. E., Los Angeles; Shine, Francis E., Los Angeles; Baxter, Donald E., Los Angeles; Montgomery, R. R., Long Beach; Holleran, James J., Los Angeles; Craig, C. A., Lakeport; Craig, M. A., Lakeport; Wilson, Frank M., Los Angeles; McLaughlin, Tilman H., Los Angeles; Baetz, Walter G., Huntington Park; Robinson, John W., Los Angeles; Prendergast, John W., Los Angeles; Viole, Pierre, Los Angeles; Shipman, Sidney J., Colfax; Nicholls, Robert J., Auburn; Wheeler, J. S., Lincoln; Reynolds, Lloyd R., San Francisco; Bland, George H., Fresno; Yoakam, F. A., Moorpark; Gibson, Arthur C., San Francisco; Profant, H. J., Santa Barbara; O'Donnell, F. J., Stockton.

Deaths

Austin, S. A. Died in Los Angeles, June 17, 1921. Was a graduate of Rush Medical College, 1877. Licensed in California, 1889.

Bering, Robert Eugene. Died in Los Angeles, August 7, 1921. Was a graduate of Tulane University, La., 1895. Licensed in California, 1901, and a member of the State Society.

Clark, E. M. Died in Oakland, July 16, 1921. Was a graduate from University Vermont, 1908. Licensed in California, 1908. Age 37.

Gordon, Samuel B. Died in Monterey, California, June 13, 1921. Was a graduate of University City of New York, 1889. Licensed in California, 1890.

Kintzi, Erwin J. Died in Los Angeles, July 17, 1921. Was a graduate of University of Southern California, 1919. Licensed in California, 1920.

MacDonald, J. Munroe. Died July 23, 1921. Was a graduate of Medical Department, University of California, 1891. Licensed in California, 1892. Was a member of the Medical Society, State of California.

Morrison, W. H. Died in Los Angeles, California. Was a graduate of Kansas City Medical College, Mo., 1880. Licensed in California, 1887. Also a member of the Medical Society, State of California.

Risdon, Herbert Thomas. Died in Berkeley, California, June 21, 1921. Was a graduate of University of Vermont, 1879. Licensed in California, 1882.